

**DEKALB COUNTY JUVENILE COURT
INTERN PROGRAM APPLICATION**

Name _____

Current Address _____

City/State/Zip Code _____

Telephone: Home (____) _____ Work (____) _____ Pager (____) _____

Employer/Address/Phone #/Contact Person _____

Permanent Address _____

City/State/Zip Code _____

Telephone: (____) _____ E-Mail: _____

Educational Background (include current status—school, year, major): _____

Languages Spoken: _____

Practicum Liaison/Academic Advisor's Name/Title _____

Address _____

Telephone: (____) _____ E-Mail: _____

How did you hear about the Child Advocacy Program? _____

Why do you wish to become a child advocate intern? _____

Training or experience in any of the following categories (circle any that apply):

Child Care	Mental Health	News Media
Child Development	Counseling/Psych.	Writing/Editing
Child Welfare	Medicine	Public Speaking
Social Work	Education	Arts/Graphics
Law	Fund Raising	Criminology/Law Enforcement
Drug Treatment Programs	Alcohol Treatment Programs	Advertising

List any arrests, other than traffic citations, and give charge, date, county/state, and disposition: _____

PERSONAL REFERENCES:

1 Name _____ Title _____

BusinessName/Address _____

Daytime Phone _____ E-Mail _____ Relationship _____

2. Name _____ Title _____

BusinessName/Address _____

Daytime Phone _____ E-Mail _____ Relationship _____